

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/170 1623 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6	1					
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13		3				
14	1					
15		2				
16		2				
17		2				
18		2				
19		1				
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21	1					
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TOTAL IND.		6				
TOTAL DEP.		3				
TOTAL CLMS		9				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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